

**EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)****EMPLOYEES' PENSION SCHEME 1995 (Please refer Para )****EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (Please refer Para****(1st RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)**

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 10001411957.]

Code Number : HRFBD3168964000

1. Name of Establishment : M/s GARUDA RAKSHA
2. Code Number of the Establishment under EPF Scheme : HRFBD3168964000
3. Postal address of the Establishment and its branches : F-138 Near Suraj Medical Store, Trikha Colony, Ballabgarh Faridabad, FARIDABAD, HARYANA - 121004 [Please see Annexure I]
4. Industry or business in which engaged : OTHERS
5. Date of commencement of business : 01/01/2024
6. Date of closure by previous : N/A
7. Whether run by owner or lessee : Run by Owner
8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. VIVEK	26/10/1996	Proprietor	RAMNARAYAN	F-138 NEAR SURAJ MEDICAL STORE TRIKHA COLONY BALLABGARH FARIDABAD Faridabad Haryana 121004	01/01/2024

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
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10. If registered under Factories Act, particulars of Manager or : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. VIVEK	26/10/1996	Proprietor	RAMNARAYAN	F-138 NEAR SURAJ MEDICAL STORE TRIKHA COLONY BALLABGARH FARIDABAD Faridabad Haryana 121004	01/01/2024

Date: \_\_\_\_\_ Signature of employer \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Designation of Employer \_\_\_\_\_  
Seal of Establishment \_\_\_\_\_ Mobile number \_\_\_\_\_

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Signature of employer at serial number of Owners details, if more than one employer.  
Signature of remaining employers:

Signature _____	Signature _____
Name _____	Name _____
Signature _____	Signature _____
Name _____	Name _____
Signature _____	Signature _____
Name _____	Name _____
Signature _____	Signature _____
Name _____	Name _____

**ANNEXURE - I**

**Details of Branches of the Establishment**

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**ANNEXURE - II**

**List of Branches having Separate/ Sub Code Number**

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**ANNEXURE - III**

**Details of Bank Account Number**

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**Copy of cheque of the primary account number : null**

## SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online application.

FULL NAME OF THE AUTHORISED SIGNATORY \_\_\_\_\_

Name of Establishment : M/s GARUDA RAKSHA

Address of the Establishment : F-138 Near Suraj Medical Store, Trikha Colony, Ballabgarh Faridabad, FARIDABAD, HARYANA - 121004

Code Number of the : HRFBD3168964000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

*# Strike whichever is not applicable*

SPECIMEN SIGNATURE 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

SPECIAL INSTRUCTION, IF ANY \_\_\_\_\_

SPECIMEN SIGNATURE OF Mr/Ms \_\_\_\_\_ ATTESTED

Signature of employer \_\_\_\_\_

Name of Employer \_\_\_\_\_

Designation of Employer \_\_\_\_\_

Seal of Establishment

Mobile number \_\_\_\_\_

[ ] Please tick if "Not Applicable" due to upload of digital signature

To be submitted separately for each Authorised Officer, if more than one.

Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.